

CAMPAIGN FINANCIAL DISCLOSURE STATEMENT For Contributions and Expenditures of State and Local Political Campaigns in Tennessee

INSTRUCTIONS: This form must be used to account for all money or things of value required by Tennessee Code Annotated §2-10-102 to be reported by political candidates, single-candidate political campaign committees, multi-candidate political campaign committees and committees formed to support or approve local measures.

If receipts total \$1,000 or less and expenditures total \$1,000 or less for the period shown in item 4 of this form, complete page one (items 1-9) only. Signatures of both the candidate (or appointing authority) and the political treasurer are required in item 8. Both signatures must be notarized in item 9.

If receipts and/or expenditures total more than \$1,000 for the period shown in item 4 of this form, complete pages one and two, placing signatures of both the candidate (or appointing authority) and the political treasurer in item 10. Both signatures must be notarized in item 9. Additionally, supplemental pages may be necessary.

Candidates for state public office (as defined in T.C.A. §2-10-102) must file the original of this statement with the Office of the Secretary of State, Division of Elections, 500 James K. Polk Building, Nashville, TN 37219-5040. Candidates for the General Assembly or committees supporting such candidates must also file a copy with the County Election Commission of the candidate's residence.

Candidates for local public office (as defined in T.C.A. §2-10-102) and committees formed to support or approve local measures file ONLY with the County Election Commission. (Some candidates are exempt from filing as outlined in T.C.A. §2-10-101.)

Each multi-candidate political campaign committee must file reports quarterly, within ten (10) days following the first day of January, April, July and October respectively. Each report must include transactions occurring since the preceding report, and must be filed with The Office of the Secretary of State, Division of Elections, 500 James K. Polk Building, Nashville, TN 37219-5040.

The total number of pages, in the completed report (including all forms/copies/sheets, etc. used) must be shown in the lower right corner of each

page. Please type or print all in	formation in black ink.				
1. DATE OF REPORT	2. NAME OF CAND	DIDATE OR COMMITTE	Ē		
4-21-90	Suzanne Ba	iley for Juv	renile Co	ourt Judge	
2. A. SHORT NAME OF COMMITTEE (# ap	plicable)				
3. ADDRESS AND PHONE Street or Rural	route	City	State	Zip Code	Phone
1466 Riverside D.	r. C	hattanooga,	TN NDING DATE OF RE	37406 PORTING PERIOD	615 / 629 - 1040
Initial Report			il 21, 1		
8, OFFICE SOUGHT	ITEMS 5-7 DO NOT API	PLY TO MULTI-CANDIDATE F	OLITICAL CAMPAIG		ELECTION DATE
Juvenile Court J	udge				gust 2, 1990
PRE PRIMARY	POST PRIMARY	PRE GENERAL	POST	GENERAL	SUPPLEMENTAL
 I/we do solemnly swear that no \$1,000, and that I/we have no 	t violated the provision		., Tennessee Co	ode Annotated, in le	
signature of candidate or app	pinting authority	clate	signifure	of political treasurer	clate
Not	iary Seal			Notary Seal	
SWOFIN TO AND SUBS COUNTY OF Hamily AND THE STATE OF SUMM THIS 23 DAY OF AD TOLKING	eddle Local Servey Local Ser	19 90 TH	SWORN TO DUNTY OF STATE OF STA	Lennesses Lennesses	EFORE ME IN THE
I/we do solemnly swear that the required by \$52-10-101, et sequits provisional in letter or in spin spinster of pendicate or appoint Suzanne Baile	Tepriessale Code Anni	expenditures shown on otated, to be reported by $4-25-90$	the following pay political candida ary C. k signature Larry C.	es/committees, and	If money or things of value d that I/we have not violated $4-23-90$

*	TOTAL N	UMBER	OF PA	GES IN	COMPLETED REPORT	
	Page _	1	_ of _	5	Pages	(include all forms used



Campaign Financial Disclosure Statement, Continued For Contributions and Expenditures of State and Local Political Campaigns in Tennessee

11. NAME OF CANDIDATE OR COMMITTEE (must match n	ame shown in Item 2. of this form)	
Suzanne Bailey for Juvenile 12. A. BEGINNING DATE OF REPORTING PERIOD (must match date shown in item 4.A. of this form)	Court Judge 12. B. ENDING DATE OF REPORTING PE (must match date shown in item 4.B)	
Initial Report	April 21, 1990	
CONTRIBUTIONS		
13. "TOTAL OF CONTRIBUTIONS TO DATE" FROM PREV	IOUS PERIOD (if this is your first report, enter zero)	s0-
14. TOTAL OF CONTRIBUTIONS, \$100 OR LESS EACH, R	ECEIVED THIS PERIOD1,950.00	
 TOTAL OF CONTRIBUTIONS, OVER \$100 EACH, RECE (must be itemized in detail on form SS-1119-C, "Itemized 	EIVED THIS PERIOD 4,200.00 d Statement of Contributions")	
16. TOTAL OF CONTRIBUTIONS RECEIVED THIS PERIOD	(sum of items 14, and 15.)	6,150.00
 TOTAL OF CONTRIBUTIONS TO DATE (sum of items 1. (this total must be shown as item 13. on your next report.) 	3. and 16.)	\$6,150.00
EXPENDITURES		
18. "TOTAL OF EXPENDITURES TO DATE" FROM PREVIO	OUS PERIOD (if this is your first report, enter zero)	s
 EXPENDITURES, \$100 OR LESS EACH, MADE THIS P (must be itemized by category only — e.g., printing, post 	ERIOD	
Bank Charges	16.25	
Duplicating	69.72	
TOTAL OF EXPENDITURES, \$100 OR LESS EACH, MA	ADE THIS PERIOD 85.97	
 TOTAL OF EXPENDITURES, OVER \$100 EACH, MADE (must be itemized in detail on form SS-1119-E, "Itemize 	THIS PERIOD 1,070.36 d Statement of Expenditures")	
21. TOTAL OF EXPENDITURES MADE THIS PERIOD (sum	of items 19. and 20.)	s_1,156.33
22. TOTAL OF EXPENDITURES TO DATE (sum of items 18 (this total must be shown as item 18, on your next report	and 21.)	s_1,156.33
23. BALANCE ON HAND (difference between items 17. and	22.)	s 4,993.67

TOTAL N	UMBER	OF PA	GES I	N COMPLETED REPORT	P
Page	2	_of_	5	Pages	(Include all forms used)



A List of Contributions, Over \$100 Each, Required by Item 15. of Form SS-1109

INSTRUCTIONS: Item 4. of this form must show the full name, complete address, telephone and total contributions of each person who contributed money or things of value totaling more than one hundred dollars (\$100) during the period shown in item 2. of this form. The candidate's personal lunds (including loans) must be included. Before entering any information in item 4., please determine how many spaces you will need. If more than thirteen (13) spaces are required, additional space may be created by making copies of this blank form. If more than one (1) copy of this form is used, the amount from item 5. of each page must be shown in item 3. of each succeeding page, and the amount from item 5. of the last page must be shown in Item 15. of form SS-1109. All copies of this form must be attached to, and submitted with, form SS-1109. The total number of pages in the completed report (including all forms/copies/sheets,etc., used) must be shown in the lower right corner of each page. Please type or print all information in black link.

Suzanne Bailey for Juvenile C	OUT L Judge 2. W. ENDING DATE OF REPORTING PERIOD (must metch date shown in items 4.8. and 12.8. of	
		form SS-1109)
Initial Report	April 21, 1990	
TOTAL OF CONTRIBUTIONS, OVER \$100 EACH* FROM PRECEEDING I FULL NAME, COMPLETE ADDRESS, PHONE AND TOTAL CONTRIBUTION Name of person or organization		s0-
ohn McDonald	615 Lindsay St. Suite 410	
hattanooga, TN Name of paraon or organization	37402 (615)756-4082 Street or Rural Route	200.00
r. & Mrs. Jack McKee	9530 Glynn Downing Dr.	
oltewah, TN Name of parson or organization	37363 (615)396-3858 Street or Ruse' Route	200.00
rs. Rowena K. Frierson State	515 East Brow Phone	
ookout Mountain TN	37350 () Street or Russi Route	200.00
orothy E. Pattee	224 West Brow Oval	
ookout Mountain, TN	37350 ()	300.00
avid Foote Sellers Johnson	211 Sylvan Drive	
ookout Mountain, TN Name of person or organization	37350 () Street or Rural Route	200.00
orcas H. McDonald	960 Cumberland Road	
nattanooga, TN Marrie of person or organization	37409 615)825-0315 Street or Rural Route	200.00
therine K. Stark	280 Fort Stephenson Terrac	e e
ookout Mountain, TN	37350 (615)821-1724 Street or Rural Route	200.00
argeret C. Culpepper	701 Cherokee Blvd. Suite A	A.
nattanooga, TN Name of paraon or organization	37405 (615)266-8367 Street or Plumb/ Route	1,000.00
Clay Evans Johnson	3 Evanswood Dr.	
ookout Mountain, TN	37350 () Street or Rural Route	200.00
G. Mills	4325 Amnicola Hwy	
attanoga, TN Name of person or organization	37406 615)622-5141	300.00
B. Davenport, III	242 W. Brow Rd	
okout Mountain, TN	37350 () Street or Rurel Route	250.00
L. Davenport	Krystal Bldg. Suite 500	
attanooga, TN	37402 615)756-5213	250.00
. & Mrs. J. Lewis Card, Sr.	1515 Heritage Landing Dr.	
attanooga, TN	37405 (615)266-5213	200.00

* TOTAL NUMBER OF PAGES IN COMPLETED REPORT

Page 3 of 5 Pages (include all forms used)

SS-1119-C Revised 11-85



A List of Contributions, Over \$100 Each, Required by Item 15. of Form SS-1109

INSTRUCTIONS: Item 4, of this form must show the full name, complete address, telephone and total contributions of each person who con-INSTRUCTIONS: Item 4, of this form must show the full name, complete address, telephone and total contributions of each person who contributed money or things of value totaling more than one hundred dollars (\$100) during the period shown in item 2, of this form. The candidate's personal funds (including loans) must be included. Before entering any information in item 4, please determine how many spaces you will need. If more than thirteen (13) spaces are required, additional space may be created by making copies of this blank form. If more than one (1) copy of this form is used, the amount from item 5, of each page must be shown in item 3, of each succeeding page, and the amount from item 5, of the last page must be shown in item 15, of form SS-1109. All copies of this form must be altached to, and submitted with, form SS-1109. The total number of pages in the completed report (including all forms/copies/sheets,etc., used) must be shown in the lower right corner of each page. Please type or print all information in black ink.

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A List of Expenditures, Over \$100 Each, Required by Item 20. of Form SS-1109

INSTRUCTIONS: Item 4. of this form must show the full name and complete address of each person to whom a total amount of more than one hundred dollars (\$100) was paid during the period shown in Item 2. of this form, the total amount paid to each person and the purpose thereof. Before entering any information in Item 4., please determine how many spaces you will need. If more than thirteen (13) spaces are required, additional space may be created by making copies of this blank form. If more than one (1) copy of this form is used, the amount from item 5. of each page must be shown in item 3. of each succeeding page, and the amount from item 5. of the last page must be shown in item 20. of form SS-1109.

AME OF CANDIDATE OR COMMITTEE (must met	h name sho	wm In items 2, and 71,	of form \$5-1109)	
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